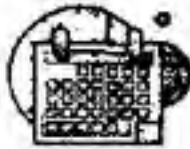




Cleveland Regional Medical Center
201 East Grover Street
Shelby, NC 28150

Thank you for choosing Carolinas HealthCare System for your healthcare needs.



Patient Statement

Statement Date: 03/25/12

YOUR INSURANCE COMPANY HAS PROCESSED YOUR CLAIM. PLEASE PAY THIS BALANCE IN FULL. WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK TO ENSURE PROPER CREDIT. PARTIAL PAYMENTS WILL NOT PREVENT FURTHER COLLECTIONS. IF YOU HAVE QUESTIONS, PLEASE VISIT OUR WEBSITE AT WWW.CLEVELANDCOUNTYHEALTHCARESYSTEM.ORG OR CONTACT CUSTOMER SERVICE MONDAY - FRIDAY 8:00 AM TO 5:00 PM AT 980-487-7436.

Account Information

Patient Name:
Account Number:
Service Date(s):
Service Location:
Primary Insurance:

GAY H MILLER

02/28/12

CARDIOPULMONARY
BCBS NC BLUE OPT PPO

Balance Due:

\$952.09



Online Account Services

To pay your bill online

Go to: www.clevelandcountyhealthcaresystem.org

Select Billing then click

Online Billing Manager.



Important Information

For credit card options, a list of other providers, or to contact us for financial assistance, please see the back of this statement.

Would you like to pay your bill online?

The Online Billing Manager is an easy, secure way to manage your healthcare finances online. This service provides tools that simplify the billing process and enable you to have the access to do the following:

- - Pay your bill
- - View hospital account balances and payments posted
- - Update address
- - Update insurance information
- - View billing resources
- - View billing policies

Join the Online Billing Manager today at www.clevelandcountyhealthcaresystem.org located under Billing on the left side of the home page website.

DESCRIPTION	AMOUNT
TOTAL CHARGES	1,689.30
03/05/12 BCBS-PAYMENTS & ADJUSTMENTS	737.21CR
03/15/12 BCBS-BCBS PAYMENT (S)	0.00
03/21/12 BCBS-INS DENIED-APPLY TO DED/COPA	0.00
CURRENT AMOUNT DUE	952.09

You may pay your bill online, by phone or detach and return bottom portion with your payment.



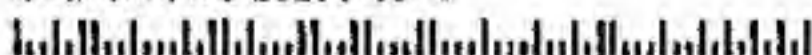
Cleveland County HealthCare System
c/o AccuDoc Return Mail Processing
PO Box 2090
Morrisville, NC 27560



ACCOUNT NUMBER	STATEMENT DATE
	03/25/12
Current Amount Due	Amount Enclosed
\$952.09	
Payment Due Date	
04/08/12	

0012058001730000009520922

Cleveland County HealthCare System
PO Box 96072
Charlotte, NC 28296-0072



#17687

*****AUTO**3-DIGIT 280

GAY H MILLER



17897-0055E1380

Please return remit coupon with your payment